

The copy of Edna P. Loomis Loomis's birth certificate that is reproduced below was located by DWP in The Library at The Homestead and appended to p. 140 (19 April 1979) of DWP's 1978-1979 letter to SRP.

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS		File No. <u>D 652-1883</u>												
Filed in accordance with Act 148, 1941.		Registered No. <u>9-29-43</u>												
Primary Date No. <u>64-07-82</u>		Filing Date <u>9-29-43</u>												
ALL INFORMATION AS OF TIME OF BIRTH		Registration Date <u>9-29-43</u>												
<p>(Signature) <u>EDNA PEARL LOOMIS</u></p> <p>Date of Birth <u>DECEMBER 29 1885</u> Month (by name) Day Year</p> <p>PLACE OF BIRTH <u>W. R. Y. N.</u> Town, Village, Township <u>CLINTON</u> give name and address.</p> <p>A. Children born alive and living at time of this birth, including this child <u>2</u> B. Previous children born alive but dead at time of this birth <u>None</u> C. Children born dead (stillborn) <u>None</u> D. Children including this birth add A-B-C <u>2</u></p> <p>If attending Physician or Midwife are still living have them sign here otherwise applicant will fill in. State name if living or deceased.</p> <p>Attendant at Birth <u>Dr. Andrew R. Dillard</u> (M.D., Midwife or Other)</p>		<p>Sex <u>FEMALE</u></p> <p>Twin or triplet <u>If so—born 1st, 2d, 3d</u> Was mother married to father of child? <u>Y/F</u></p> <p>FATHER OF CHILD Full name <u>HERON ORSEPHUS LOOMIS</u> Color or race <u>WHITE</u> Age at time of birth <u>37</u> yrs Birthplace <u>CLINTON TWP., WAYNE CO., PA</u> (City, town, county) Occupation <u>FARMER</u> Address <u>FARM, CLINTON TWP., WAYNE CO., PA</u></p> <p>MOTHER OF CHILD Full maiden name <u>MARY EMMA SQUIRE</u> Color or race <u>WHITE</u> Age at time of birth <u>31</u> yrs Birthplace <u>CLINTON TWP., WAYNE CO., PA</u> (City, town, county) Occupation <u>HOUSEWIFE</u> Address <u>FARM, CLINTON TWP., WAYNE CO., PA</u></p> <p>being first duly sworn on oath, testify that the facts concerning my birth set forth upon this application are true and correct.</p> <p><u>EDNA PEARL LOOMIS</u> (Signature of applicant)</p> <p>I, the undersigned Notary Public, do hereby certify that the information of facts of birth has appeared before me and testified to their truth as set forth and is fixed.</p> <p>On this <u>16</u> day of <u>August</u> 1943 <u>Barry M. Neelby</u> (Signature of Notary Public) My Commission Expires Feb. 4, 1947 Address of Notary Public My Commission Expires Jan. 22, 1947</p> <p>APPLICANT SHOULD NOT WRITE BELOW THIS LINE</p>												
<p>ABSTRACT OF SUPPORTING EVIDENCE</p> <table border="1"> <tr> <td>Name and kind of document (including by whom issued and signed, and date of issue)</td> <td>Date original document was made</td> </tr> <tr> <td><u>Off. of Registration of Births and Deaths, Pa.</u> <u>Photo copy Application to Relocate</u></td> <td><u>Notary 9-29-43</u> <u>Received 1-9-1922</u></td> </tr> <tr> <td>3</td> <td>4</td> </tr> <tr> <td>5</td> <td>6</td> </tr> <tr> <td>7</td> <td>8</td> </tr> <tr> <td>9</td> <td>10</td> </tr> </table> <p>I certify that no prior certificate has been issued by the Bureau of Vital Statistics for the registrant and that evidence will be shown to read which substantiates the facts set forth in the foregoing abstract.</p> <p><u>Edna E. Williams</u> (Signature of applicant)</p> <p>Date file <u>Sept 29 1943</u></p>			Name and kind of document (including by whom issued and signed, and date of issue)	Date original document was made	<u>Off. of Registration of Births and Deaths, Pa.</u> <u>Photo copy Application to Relocate</u>	<u>Notary 9-29-43</u> <u>Received 1-9-1922</u>	3	4	5	6	7	8	9	10
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This is to certify that the Bureau of Vital Statistics, General Assembly, Department of Health is a public office and is accessible to the public.

copy (photostatic or a record filing in accordance with Act 148, 1941) of a record filed in the Bureau of Vital Statistics, as directed by Act 148 of the General Assembly, Department of Health, is a public office and is accessible to the public.

Tom E. Williams (Signature of applicant)